

such organizations as the Academies of Medicine in San Francisco, Los Angeles, or the medical societies of cities to arrange for occasional addresses by specially invited distinguished students in such a way that many physicians and medical students could hear these scientific messages, and others could read them in early numbers of *CALIFORNIA AND WESTERN MEDICINE*. Then by co-operative arrangements with important civic organizations like Commonwealth Clubs, Women's Clubs and similar bodies, arrangements could be made for more popular addresses by the same speakers that would be broadcasted by the public press. Any physician can think of scores of subjects and scores of speakers for them, that if handled in the way we have suggested, and as they are being handled in some centers, would do an immense amount of good in our communities.

Doctor Nuttall's address was upon one of the most fundamental and important subjects in biology, physiology or pathology. It has angles of interest to everyone, from the school child to the most ultra scientist. Doctor Nuttall has been universally recognized as one of the leaders in the development of the problem for many years. Few of us realize how interested we should be in what is known about symbiosis, particularly zoologic symbiosis and its application in promoting health and understanding disease until we have had our attention called to it.

We not infrequently think about commensalism on the one hand and parasitism on the other hand, but we are less inclined to follow the mazes of that insufficiently explored field between the two which is usually included under the term symbiosis. Yet, there is no more essential type of knowledge, if we are to understand and estimate the processes of normal and abnormal functioning of the animal body.

The influences of environments in forming and breaking down the scores of symbiotic balances that are parts of our being and the results of these combinations contain the very essence of both physiology and pathology. No one yet knows for certain whether or not many so-called commensals are, actually and intrinsically, harmless, or whether they are held in bounds by symbiotic attachments. No one knows whether or not commensalism can be built up through symbiotic cycles formed largely by environmental influences to positions of true parasitism. We do not yet know how to distinguish between consummative and destructive symbiotic attachments, and we know far too little about the environmental influences which tend to sustain the constructive and harmless symbiotic links or those which tend to neutralize or destroy harmful symbiotic arrangements. We do not know the difference between a symbiotic arrangement by affinity, as it were, and one that actually is in effect an armed neutrality between parasites and hosts.

We say glibly enough that if the human race could be once freed from tuberculosis, our problem would be forever solved. Would it? Nature undoubtedly once built up a saprophytic pseudo-tubercle bacillus through symbiotic cycles, molded by environment into a true parasite. Might not it happen again? Indeed, have we any real proof that this very thing is not continuously going on not only with this, but

with other vegetable germs and animal parasites? We have not.

But if this is to be an editorial and not an address, we have said enough. Students who care to explore the field will find it without an equal in interest and importance. And the beauty of the study of symbiotic life is that it not only broadens the intelligence of the biologist and the pathologist, but it bears closely upon the interpretation of the phenomena of life in health and disease and helps the physician materially in the diagnosis and intelligent treatment of disease.

Doctor, you should have heard Doctor Nuttall. I did not this time, but he aroused my interest in his subject over twenty years ago.

### CONGRESS, THE DOCTOR

Without a dissenting vote, the House of Delegates of the American Medical Association adopted a resolution calling on the Board of Trustees to use its best endeavors to have repealed such sections of the national prohibition act as may interfere with the proper relation between the physician and his patient in prescribing alcohol medicinally. The resolution has been greeted by the press of the country with general approval. Most of the Chicago newspapers have already expressed themselves editorially, and the following statements represent their general attitude:

Physicians who object to the provisions of the Volstead Act regulating the use of alcohol in the practice of medicine are unanswerable. If the law allows a physician to prescribe spirits for a patient, as it does, the dosage is entirely a matter for the physician's judgment and not for Congress to prescribe.

The law adopts a principle which makes Congress the doctor. The arbitrary dictum is that a patient may be given a pint of whisky every ten days as medicine, but no more, regardless of the opinion of the doctor in the case.

Congress might have declared that whisky had no medicinal value. Some physicians hold that it has no peculiar medicinal value. Others contend that it has. In practice they can follow their own opinions. They will all agree that if it has value the doctor who prescribes it at his own discretion should have discretion as to the amount.

Congress went on the assumption that the medical profession would misuse the prescription blanks. The dregs decided that the person who violated the intent of the law and got whisky as a beverage because it was legalized as a medicine should have just as little satisfaction out of it as possible. Of course, they did not reach the man they intended to reach. The unscrupulous physician has no difficulty with this limitation. He has many expedients by which it can be avoided. The scrupulous physician finds that his practice is controlled by a law which affronts both his intelligence and his honesty.

It is an absurd theory that Congress may substitute itself for the physician in the treatment of disease, and it is no wonder that many physicians resent such an ignorant and dictatorial interference with medical practice.—Chicago Tribune.

The Eighteenth Amendment is directed solely against the use of liquor as a beverage, and whether the medical clauses of the Volstead law are valid is a question not yet dealt with by the Federal Supreme Court.

Some physicians, it is true, yield to the temptation to prescribe liquor where it is unnecessary, and not a few have permitted themselves to become bootleggers in disguise. But Volsteadism, with its sequels and supplements, has not prevented unscrupulous abuses and never will entirely prevent them. The medical

profession should purge itself of immoral and dishonorable elements, and its efforts in that direction would be stimulated by a congressional policy of confidence toward it. The honorable physician is hampered by Volsteadism, while the charlatan is not even inconvenienced.

The modification of the prohibition statutes demanded by the medical profession would not obstruct proper enforcement of national prohibition. On the contrary, it would tend to facilitate enforcement.—Chicago News.

It has long been recognized that legislation is just as likely to follow public emotion as it is to be guided by scientific knowledge. This fact was excellently expressed by Chief Justice Oliver Wendell Holmes in "The Common Law," when he said:

The life of the law has not been logic; it has been experience. The felt necessities of the time, the prevalent moral and political theories; institutions of public policy, even the prejudices which judges share with their fellow men, have had a good deal more to do than the syllogism in determining the rule by which men should be governed.

The action of the House of Delegates and the general approval given to it by the public as expressed through the press are indications of a healthful reaction against enactments and regulations which have recognized, in their formulation, popular prejudice rather than scientific fact.—Jour. A. M. A.

#### PHYSICIANS AND HEALTH EDUCATION

Many physicians, hospitals and other medical agencies sometimes must disagree strongly with Haven Emerson. We have had to disagree with him and criticize his perfunctory and unfair comments and recommendations about the physicians and medical health agencies of San Francisco. In this, and several issues to come, that criticism will be continued. Just the same, we also want to commend when possible.

In a recent article, "The Nation's Health," Emerson made many strong statements about "health education" that will have the unqualified endorsement of physicians everywhere. It is true that similar statements have been made frequently by others and the position taken has been the oft-repeated position taken by physicians of California. He says in part:

If I were to sum up what I believe to be the chief contributions of the physician in the care of children of school age, I would say it is honesty and accuracy. Lacking those two things, our whole school health program becomes a farce.

People need to be taught individually how to keep well, because there are a great variety of ways of being healthy. There is no **one** way of being healthy. There is no **one** kind of diet or exercise or medicine for health which is effective or perfect for all people. There is general agreement as to certain elementary principles, but health is in part a matter of personal attainment and not merely the result of general dispensation. A background of many human lives provides the physician with balanced judgment.

We have gone far in these last few years of our experience in nutrition. **It was not many years ago when we felt that the scales and measuring tape were conclusive.**

There are rarely made in the United States, anywhere, complete, accurate, honest, thorough medical examinations of the school child. We have a multitude of school inspections. We have a great number of records of inspections, "once over above the collar." We have developed infinite ingenuity in searching for the **pediculus capiti**. Our examinations rarely reveal the nervous reflexes and the capacity of a child to tolerate a variety of helter-skelter diet thrown in at home or abroad. We are constantly accepting, in place

of a medical examination with accurate record, the superficial glimpse of the child above the neck.

**But how can a doctor responsible for 9000 school children give a thorough examination to each? That kind of man would make more blunders in five minutes than could be cured in a lifetime. You are permitting your childhood to be handled just that way. Honesty, accuracy, and thoroughness must enter the examination of the child. You are not examining a dry goods stand.**

The physician must become the director of research in health and its attainment. That is another of his contributions. He should be the person who knows the relative value of lines of study which must be generally prosecuted by the teacher or nurse. **The physician is a practitioner of medicine, and may I say that perhaps the greatest contribution that can be made to the health of the school would be to have every practitioner of medicine make himself personally responsible for the detection and removal of defects of all the children in families which come under his private care? Until that is done, we are not going to handle our project.** As the practitioner of medicine, the physician's greatest contribution is truly the direction of the health of children in families to which he is called.

**There are a great many persons who have faith that they can treat disease, but there is only one group of persons in the community who are educated to detect disease and to distinguish between it and health, and they are the physicians.**

I do not deny that hygiene can be taught, and taught accurately, by persons who are not physicians; but I believe that a greater depth of understanding and a greater fullness of experience by the teachers of hygiene are to be demanded in the future, and these will come chiefly through medical training and personal knowledge.

#### SIGNS OF THE TIMES

The attention of our readers has been frequently called to a well organized, well promoted movement to place the control of the health, hygiene and other phases of the practice of medicine among school children, as well as those young persons offensively termed pre-school children, under the control of the public school authorities. Such attempts have been and now are being fought out in state legislatures, and in county and municipal bodies. The national movement is well expressed in the bills before Congress.

One phase of the situation is shown in the following letter from Miss Daisy Hetherington, director of physical education of the San Francisco schools, to Dr. Langley Porter, and Dr. Porter's reply.

My dear Dr. Porter:

April 4, 1924.

It is being suggested all over the country that promotion in school be based upon health standards as well as academic.

I take it, all sane people would agree that this would be a wise procedure if it is a possible one at the present time.

Have we sufficiently definite standards so that this can be justly done? **What are they?** Who shall decide—physician, nurse, teacher?

Should the decision be based on the combined judgments of all?

I shall appreciate your reactions to these questions.

Very cordially yours,  
D. A. HETHERINGTON,  
Director of Health Education.

April 11, 1924.

Miss Daisy A. Hetherington,  
Sharon Building,  
55 Montgomery Street,  
San Francisco.

My dear Miss Hetherington:

It seems to me that a child whose health